		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0019471

Facility Name: The Arbor

Address: 535 S. Elm Street (Number) Itasca (City) 60143 (Zip Code)

County: DuPage

Telephone Number: (630) 773-9416 **Fax #** (630) 773-9434

IDPA ID Number: 362848501001

Date of Initial License for Current Owners: 08/06/75

Type of Ownership:

[ ] VOLUNTARY,NON-PROFIT		[X] PROPRIETARY		[ ] GOVERNMENTAL	
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[X]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	
	(Title)	
Paid Preparer	(Signed)	SEE ACCOUNTANTS' COMPILATION REPORT (Date)
	(Print Name and Title)	
	(Firm Name & Address)	Altschuler, Melvoin and Glasser LLP One South Wacker Drive, Suite 800, Chicago, IL 60606
	(Telephone)	(312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	76	Skilled (SNF)	76	27,740	1
2		Skilled Pediatric (SNF/PED)			2
3	68	Intermediate (ICF)	68	24,820	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	144	TOTALS	144	52,560	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			1,560	1,560	8
9	SNF/PED					9
10	ICF	29,530	11,034		40,564	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,530	11,034	1,560	42,124	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.14%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Meals on Wheels

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 8/6/75

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 14 and days of care provided 1,560

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	245,620	27,994	9,943	283,557		283,557		283,557			1
2	Food Purchase		212,458		212,458		212,458		212,458			2
3	Housekeeping		8,409	266,429	274,838		274,838		274,838			3
4	Laundry		6,529		6,529		6,529		6,529			4
5	Heat and Other Utilities			92,533	92,533		92,533		92,533			5
6	Maintenance		10,206	51,452	61,658		61,658		61,658			6
7	Other (specify):*											7
8	**TOTAL General Services**	245,620	265,596	420,357	931,573		931,573		931,573			8
	B. Health Care and Programs											
9	Medical Director			5,400	5,400		5,400		5,400			9
10	Nursing and Medical Records	1,940,041	118,780	138,938	2,197,759		2,197,759		2,197,759			10
10a	Therapy			89,536	89,536		89,536		89,536			10a
11	Activities	102,172	3,480	1,040	106,692		106,692		106,692			11
12	Social Services	40,655		1,980	42,635		42,635		42,635			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,082,868	122,260	236,894	2,442,022		2,442,022		2,442,022			16
	C. General Administration											
17	Administrative	157,748			157,748		157,748		157,748			17
18	Directors Fees			30,000	30,000		30,000		30,000			18
19	Professional Services			34,434	34,434		34,434	(1,325)	33,109			19
20	Dues, Fees, Subscriptions & Promotions			15,738	15,738		15,738	(791)	14,947			20
21	Clerical & General Office Expenses	133,092	28,048	24,262	185,402		185,402	(1,968)	183,434			21
22	Employee Benefits & Payroll Taxes			370,354	370,354		370,354		370,354			22
23	Inservice Training & Education			2,185	2,185		2,185	(650)	1,535			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			113,368	113,368		113,368	1,674	115,042			26
27	Other (specify):*											27
28	**TOTAL General Administration**	290,840	28,048	590,341	909,229		909,229	(3,060)	906,169			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,619,328	415,904	1,247,592	4,282,824		4,282,824	(3,060)	4,279,764			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

**** See schedule of adjustment attached at end of cost report.**

Facility Name & ID Number The Arbor #0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7**	8	9	10	
30	Depreciation			16,538	16,538		16,538	113,652	130,190			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,984	20,984		20,984	403,439	424,423			32
33	Real Estate Taxes							63,679	63,679			33
34	Rent-Facility & Grounds			735,840	735,840		735,840	(735,840)				34
35	Rent-Equipment & Vehicles			7,944	7,944		7,944		7,944			35
36	Other (specify):* **MIP Insurance**							24,927	24,927			36
37	**TOTAL Ownership**			781,306	781,306		781,306	(130,143)	651,163			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		45,330		45,330		45,330		45,330			39
40	Barber and Beauty Shops			6,833	6,833		6,833		6,833			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			78,840	78,840		78,840		78,840			42
43	Other (specify):* **Nonallowable Costs**			36,332	36,332		36,332	(36,332)				43
44	**TOTAL Special Cost Centers**		45,330	122,005	167,335		167,335	(36,332)	131,003			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,619,328	461,234	2,150,903	5,231,465		5,231,465	(169,535)	5,061,930			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4,746	30		9
10	Interest and Other Investment Income	(380)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(11,500)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(3,603)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(13,431)	43		24
25	Fund Raising, Advertising and Promotional	(12,760)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See attached Schedule 5A	(11,248)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (48,176)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(121,359)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (121,359)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (169,535)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

The Arbor

ID# 0019471

Report Period Beginning: 01/01/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

The Arbor of Itasca, Inc.
Provider #0019471
12/31/2003

Schedule 5A

VI. Adjustment Detail
Line 29 - Other Non-allowable Expenses

Description	Amount	Line Reference
To disallow sales & use tax	(1,007)	43
To disallow PAC contributions	(1,341)	20 & 23
To disallow legal fees	(1,325)	19
To disallow part A lab expense	(1,330)	43
Offset miscellaneous income	(2,294)	21
To disallow vending machine expense	(4,200)	43
To disallow non-allowable dues	(100)	20
Related organization's miscellaneous income	349	n/a
Total	(11,248)	

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Arbor # 0019471 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	325	0	0	0	0	0	0	0	0	0	325	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	1,674	0	0	0	0	0	0	0	0	0	1,674	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	1,999	0	0	0	0	0	0	0	0	0	1,999	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	1,999	0	0	0	0	0	0	0	0	0	1,999	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Arbor # 0019471 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	4,746	108,906	0	0	0	0	0	0	0	0	0	113,652	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,880)	415,319	0	0	0	0	0	0	0	0	0	403,439	32
33	Real Estate Taxes	0	63,679	0	0	0	0	0	0	0	0	0	63,679	33
34	Rent-Facility & Grounds	0	(735,840)	0	0	0	0	0	0	0	0	0	(735,840)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	24,927	0	0	0	0	0	0	0	0	0	24,927	36
37	**TOTAL Ownership**	(7,134)	(123,009)	0	0	0	0	0	0	0	0	0	(130,143)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(29,794)	0	0	0	0	0	0	0	0	0	0	(29,794)	43
44	**TOTAL Special Cost Centers**	(29,794)	0	0	0	0	0	0	0	0	0	0	(29,794)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(36,928)	(121,010)	0	0	0	0	0	0	0	0	0	(157,938)	45

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John Florina Sr	30.00%			Itasca Shelter		
John Florina Jr	10.00%			Care, L.L.C.	Itasca	Lessor
Duane Jacobson	30.00%					
Charles Ricci	30.00%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	21	Bank charges	$	Itasca Shelter Care, L.L.C.	100.00%	$ 325	$ 325	1
2	V	26	Insurance		Itasca Shelter Care, L.L.C.	100.00%	1,674	1,674	2
3	V	30	Depreciation		Itasca Shelter Care, L.L.C.	100.00%	108,906	108,906	3
4	V	32	Interest		Itasca Shelter Care, L.L.C.	100.00%	415,319	415,319	4
5	V	33	Real estate taxes		Itasca Shelter Care, L.L.C.	100.00%	63,679	63,679	5
6	V	34	Rental income	735,840	Itasca Shelter Care, L.L.C.	100.00%		(735,840)	6
7	V	36	MIP Insurance		Itasca Shelter Care, L.L.C.	100.00%	24,927	24,927	7
8	V	n/a	Miscellaneous income				(349)	(349)	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 735,840			$ 614,481	$ * (121,359)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	John Florina Jr	Admin/Asst. Admin	Administration	10.00	None	40	100.00	Salary	$ 91,867	L17, C1	1
2	Duane Jacobson	Owner	Administration	30.00	None	8	20.00	Director fees	10,000	L18, C3	2
3	Charles Ricci	Owner	Administration	30.00	None	8	20.00	Director fees	10,000	L18, C3	3
4	John Florina, Sr	Owner	Administration	30.00	None	8	20.00	Director fees	10,000	L18, C3	4
5	Barbara Florina	Admin/Accounting	Clerical	0.00	None	6	100.00	Wage	3,516	L21, C1	5
6	Daniel Florina	Contractor	Snow removal	0.00	None	Varied	Varied	Contract	625	L6, C3	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 126,008		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6		N/A								6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		x	Mortgage	$36,889.00	1/31/00	$ 5,089,300	$ 4,976,500	02/01/35	0.0820	$ 409,264	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Bloomingdale Bank & Trust		x	Line of credit	int. only	04/11/03	225,000	170,000	04/11/04	0.0300	9,484	6
7	Shareholder loans	x		Working capital	none	12/31/03	230,000	230,000	12/31/04	0.0500	11,500	7
8												8
9	TOTAL Facility Related				$36,889.00		$ 5,544,300	$ 5,376,500			$ 430,248	9
	B. Non-Facility Related*											
10								Amortization of mortgage costs			6,055	10
11								Nonallowable shareholder interest			(11,500)	11
12								Interest income offset			(380)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (5,825)	14
15	TOTALS (line 9+line14)						$ 5,544,300	$ 5,376,500			$ 424,423	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 24,927 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2002 report.		$ 54,800	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2002	$ 57,779	2
3. Under or (over) accrual (line 2 minus line 1).		$ 2,979	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 60,700	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 63,679	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	52,881	8
	1999	51,569	9
	2000	53,167	10
	2001	54,297	11
	2002	57,779	12

2001 Taxes Paid	$54,297
2002 Taxes Paid	$57,779
% Increase	1.06%
Real Estate tax accrual	$61,246 use 60,700

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Arbor COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0019471

CONTACT PERSON REGARDING THIS REPORT John Florina, Jr.

TELEPHONE (630) 773-9416 FAX #: (630) 773-9434

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	03-17-102-040	Nursing Home	$ 1,685.60	$ 1,685.60
2.	03-17-102-041	Nursing Home	$ 27,724.70	$ 27,724.70
3.	03-17-102-045	Nursing Home	$ 28,368.68	$ 28,368.68
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 57,778.98	$ 57,778.98

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services' ____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,391 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Patient Care	41,000	1975	$ 9,559	1
2	Patient Care	44,336	1992	10,446	2
3	TOTALS	85,336		$ 20,005	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	68		1975	1975	$ 271,012	$	40	$ 6,775	$ 6,775	$ 193,397	4
5			1975	1975	187,817		25			187,817	5
6			1975	1975	113,922		20			113,922	6
7			1975	1975	20,747		10			20,747	7
8	76		1993	1993	2,533,506		40	62,937	62,937	676,981	8
	Improvement Type**										
9	Building Improvements			1976	7,019		25			7,019	9
10	Building Improvements			1976	10,352		40	259	259	7,117	10
11	Building Improvements			1976	2,620		36	73	73	1,788	11
12	Building Improvements			1976	243		10			243	12
13	Building Improvements			1976	608		4			608	13
14	Building Improvements			1987	5,847		20			5,847	14
15	Building Improvements			1988	32,894		35	940	940	14,256	15
16	Building Improvements			1991	32,267		35	922	922	11,525	16
17	Building Improvements			1993	168,024		40	4,201	4,201	44,108	17
18	Building Improvements			1993	21,405		40	535	535	5,610	18
19	Building Improvements			1987	12,923	410	35	369	(41)	6,093	19
20	Building Improvements			1988	6,270	199	35	179	(20)	2,865	20
21	Building Improvements			1990	21,197	674	35	605	(69)	8,179	21
22	Building Improvements			1991	986	31	35	28	(3)	351	22
23	Building Improvements			1992	7,503	238	35	214	(24)	2,462	23
24	Building Improvements			1993	12,681	325	40	317	(8)	3,329	24
25	Building Improvements			1994	3,100	79	40	78	(1)	738	25
26	Building Improvements			1994	11,175	287	40	279	(8)	2,652	26
27	Building Improvements			1995	15,605		10	1,561	1,561	12,876	27
28	Cabinets			1996	2,768	89	31	89		668	28
29	Electrical Fixtures			1996	4,972	160	31	160		1,160	29
30	Cabinets			1996	3,097	100	31	100		708	30
31	Building Improvements			1984	12,774		10			12,774	31
32	Building Improvements			1985	7,314		10			7,314	32
33	Building Improvements			1986	4,044		8			4,044	33
34	Building Improvements			1986	1,379		8			1,379	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Front Door Security System	1997	$ 6,230	$ 201	31	$ 201	$	$ 1,306	37
38	Concrete Pads for Washers	1997	4,430	143	31	143		917	38
39	Carpeting	1997	7,271	235	31	235		1,429	39
40	Complete Communications-Nurse Calling Systen	1998	4,543	147	31	147		772	40
41	New Door Opening	1999	1,798	58	31	58		285	41
42	Window Replacement	2000	4,801	155	31	155		478	42
43	Roof	2001	3,665	118	31	118		315	43
44	Hot Water Heater	2001	2,891	93	31	93		240	44
45	Hot Water Heater	2002	885	29	31	29		55	45
46	Landscape Improvements (sidewalks/walkways)	2002	925	29	31	29		41	46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,573,510	$ 3,800		$ 81,829	$ 78,029	$ 1,364,415	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 454,100	$ 18,811	$ 39,073	$ 20,262	5-10 years	$ 382,694	71
72	Current Year Purchases	1,859	266	44	(222)	7 years	44	72
73	Fully Depreciated Assets	175,987				5-10 years	175,987	73
74								74
75	TOTALS	$ 631,946	$ 19,077	$ 39,117	$ 20,040		$ 558,725	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Chevrolet Bus	2001	$ 46,219	$	$ 9,244	$ 9,244	5	$ 23,110	76
77										77
78										78
79										79
80	TOTALS			$ 46,219	$	$ 9,244	$ 9,244		$ 23,110	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,271,680	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 22,877	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 130,190	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 107,313	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,946,250	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Itasca Shelter Care, L.L.C. - See Page 6

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO

16. Rental Amount for movable equipment: $ None Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrative	2002 Suburban	$ 662.04	$ 7,944	17
18					18
19					19
20					20
21	TOTAL		$ 662.04	$ 7,944	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
[ ] YES
[X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10A, C3	hrs	$	2,292	$ 31,937	$	2,292	$ 31,937	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		244	3,436		244	3,436	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		3,899	54,163		3,899	54,163	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				45,330		45,330	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	6,435	$ 89,536	$ 45,330	6,435	$ 134,866	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/03 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 100,524	$ 179,493	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 60,000)	848,669	848,669	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	72,369	72,369	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See attached Schedule 17A		397,293	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,021,562	$ 1,497,824	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		20,005	13
14	Buildings, at Historical Cost		3,039,771	14
15	Leasehold Improvements, at Historical Cost	124,801	533,739	15
16	Equipment, at Historical Cost	344,441	678,165	16
17	Accumulated Depreciation (book methods)	(345,935)	(1,946,250)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify (Mtg. Costs)		188,209	22
23	Other(specify): Deferred costs- Apts		1,272	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 123,307	$ 2,514,911	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,144,869	$ 4,012,735	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 157,178	$ 157,178	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,000	15,000	28
29	Short-Term Notes Payable	400,000	400,000	29
30	Accrued Salaries Payable	132,841	132,841	30
31	Accrued Taxes Payable (excluding real estate taxes)	670	670	31
32	Accrued Real Estate Taxes(Sch.IX-B)		60,700	32
33	Accrued Interest Payable	11,579	45,579	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Rent Payable	135,840	135,840	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 853,108	$ 947,808	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,976,500	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 4,976,500	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 853,108	$ 5,924,308	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 291,761	$ (1,911,573)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,144,869	$ 4,012,735	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

The Arbor of Itasca, Inc.
Provider #0019471
12/31/2003

Schedule 17A

XV. Balance Sheet
Line 9 - Other Assets

	Operating	After Consolidation
Current Assets		
Rent Receivable	-	135,840
Escrow and Replacement Reserves	-	261,453
	-	397,293

See Accountants' Compilation Report

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 477,982	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 477,982	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(186,221)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (186,221)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 291,761	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,879,923	1
2	Discounts and Allowances for all Levels	(184,178)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,695,745	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	158,513	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 158,513	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	7,358	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	42,831	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	127,388	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 177,577	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	31	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 31	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Miscellaneous Income**	7,252	28
28a	**Vending Machine Income**	6,126	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 13,378	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,045,244	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	931,573	31
32	Health Care	2,442,022	32
33	General Administration	909,229	33
	B. Capital Expense		
34	Ownership	781,306	34
	C. Ancillary Expense		
35	Special Cost Centers	88,495	35
36	Provider Participation Fee	78,840	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,231,465	40
41	**Income before Income Taxes (line 30 minus line 40)****	(186,221)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (186,221)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** **SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,982	2,024	$ 64,812	$ 32.02	1
2	Assistant Director of Nursing	2,214	2,000	55,625	27.81	2
3	Registered Nurses	15,325	15,357	392,337	25.55	3
4	Licensed Practical Nurses	14,908	14,988	354,103	23.63	4
5	Nurse Aides & Orderlies	79,447	79,767	1,044,696	13.10	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,994	2,104	30,141	14.33	9
10	Activity Assistants	6,489	6,528	72,031	11.03	10
11	Social Service Workers	2,047	2,032	40,655	20.01	11
12	Dietician					12
13	Food Service Supervisor	2,155	1,946	37,998	19.53	13
14	Head Cook	7,939	7,947	99,632	12.54	14
15	Cook Helpers/Assistants	12,674	12,689	107,990	8.51	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,162	2,064	65,881	31.92	20
21	Assistant Administrator	2,225	2,080	91,867	44.17	21
22	Other Administrative	1,888	1,952	39,329	20.15	22
23	Office Manager					23
24	Clerical	6,267	6,406	93,763	14.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Ca: Ward Clerks	2,215	2,080	28,468	13.69	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	161,931	161,964	$ 2,619,328 *	$ 16.17	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	226	$ 9,943	L1, C3	35
36	Medical Director	125	5,400	L9, C3	36
37	Medical Records Consultant	16	880	L10, C3	37
38	Nurse Consultant	14	2,926	L10, C3	38
39	Pharmacist Consultant	100	1,408	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	22	1,040	L11, C3	44
45	Social Service Consultant	36	1,980	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	539	$ 23,577		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	146	$ 7,599	L10, C3	50
51	Licensed Practical Nurses	3,087	119,707	L10, C3	51
52	Nurse Aides	262	6,418	L10, C3	52
53	TOTAL (lines 50 - 52)	3,495	$ 133,724		53

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John Florina Jr	Admin/Asst. Admin	10.00%	$ 91,867
Thomas Annarella	Administrator	0%	65,881
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 157,748

B. Administrative - Other

Description	Amount
	$
N/A	
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
American Express Tax &		$
Business Services	Accounting	2,280
Achieve Software	Computer services	8,857
Altschuler Melvoin & Glasser	Accounting	2,631
Porte Brown LLC	Accounting	3,658
Personnel Planners	U/C Consulting	723
Stratton, Giganti, Stone & Kopec	Legal	14,263
Accurate Computer Services	Computer services	550
Ivans	Computer services	1,043
First USA Bank, N.A.	Computer services	250
Backlash.com	Computer services	179
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 34,434

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 67,008
Unemployment Compensation Insurance	12,432
FICA Taxes	200,098
Employee Health Insurance	69,010
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other employee benefits	21,806
TOTAL (agree to Schedule V, line 22, col.8)	$ 370,354

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 400
Advertising: Employee Recruitment	3,316
Health Care Worker Background Check	
(Indicate # of checks performed)	
Illinois Health Care Association Dues	7,776
Miscellaneous Subscriptions	575
Miscellaneous Dues	546
Miscellaneous Licenses	1,140
Miscellaneous Permits	546
Miscellaneous Inspections	648
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,947

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

* Attach copy of IMRF notifications

**See instructions.

The Arbor
Provider #: 0019471
01/01/03 to 12/31/03

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)		34,434
Nonallowable legal fees:		
Stratton, Giganti, Stone & Kopec - out of period expenses.	Legal	(1,325)
Total (agree to Schedule V, line 19, column 8)		33,109

See Accountants' Compilation Report

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2	N/A												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Arbor # 0019471 Report Period Beginning: 01/01/03 Ending: 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Association $7,776**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **Yes** If YES, have these costs
been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **70,422** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $ **78,840**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classifiec
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **N/A** Has any meal income been offset against
related costs? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **No**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such
transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **N/A** If no, please explain. **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

RECONCILIATION REPORT **The Arbor** **10:35 AM** **11/4/2005**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-169,535	equal to	-169,535	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	424,423	equal to	424,423	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	63,679	equal to	63,679	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	130,190	equal to	130,190	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	7,944	equal to	7,944	0	FAILED	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	89,536	equal to	89,536	0	O.K.	Pg16 Z12+Z14...	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies	45,330	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	931,573	equal to	931,573	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	2,442,022	equal to	2,442,022	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	909,229	equal to	909,229	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	781,306	equal to	781,306	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	88,495	equal to	88,495	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+H	N/A	38to41+43	4
Income Stat. Prov. Partic.	78,840	equal to	78,840	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,911,573	equal to	1,940,041	-28,468	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	102,172	equal to	102,172	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	40,655	equal to	40,655	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	245,620	equal to	245,620	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	0	equal to		0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	0	equal to		0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	0	equal to		0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	197,077	equal to	157,748	39,329	FAILED	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	93,763	equal to	133,092	-39,329	FAILED	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	2,619,328	equal to	2,619,328	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	9,943	< or = to	9,943	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	5,400	< or = to	5,400	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	138,938	< or = to	138,938	0	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	1,040	< or = to	1,040	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,980	< or = to	1,980	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	157,748	equal to	157,748	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	34,434	equal to	34,434	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	370,354	equal to	370,354	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	14,947	equal to	14,947	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav		equal to	0	#VALUE!	#VALUE!	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	78,840	equal to	78,840	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to		0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	1,560	equal to	1,560	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-121,359	equal to	-121,359	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	5,376,500	equal to	5,376,500	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	60,700	equal to	60,700	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	20,005	equal to	20,005	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	3,573,510	equal to	3,573,510	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	678,165	equal to	678,165	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,946,250	equal to	1,946,250	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	291,761	equal to	291,761	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-186,221	equal to	-186,221	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	1,144,869	equal to	1,144,869	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter Cost Center Expenses

YOU HAVE CHOSEN THE SUPPORT CALC. THAT IS LINK TO THE COST REPORT!! 11/4/2005 10:35:40 AM

HSA Number	7	Name	The Arbor		
Cost report period	From:	01/01/03	To: 12/31/03	Base Number	336
If this is an ICF/DD 16 facility, enter a 1 in cell C		N			
Licensed bed days:	52,560	Occupancy:	42,124	Pct. of occupancy:	80.14%
Illinois Public Aid Support Rate		$			
Genl Services Salary/Wage:	245,620	Col 1, Line 8 ---Audit Adj:			
Genl Admin Salary/Wage	290,840	Col 1, Line 28 ---Audit Adj:			
Total Salary Wage	2,619,328	Col 1, Line 44 ---Audit Adj:			
Employee Benefits	370,354	Col 8, Line 22 ---Audit Adj:			
Total General Services:	931,573	Col 8, Line 8 ---Audit Adj:			
Total General Admin	906,169	Col 8, Line 28 ---Audit Adj:			

Instructions and Calculation Steps

STEP Adjust Support Service Costs to Include Correct Amounts of Fringe Benefits and Payroll Taxes

Fringe benefits and payroll taxes are reported as a lump sum under General Administration expenses on your cost report (Page 3, Column 10, Line 22). You will need to take this amount out of General Administration expenses and calculate the correct portions of this lump sum to be added to your general services and General Administration expenses. This is done by proration

A. General Services

1 Determine the proportion of general services wages to total wages.

2 Multiply the total lump sum fringe amount by this proportion to get the fringe amount for General Services.

3 Add the proportioned fringe amount to your total general services expenses to get your new total general services cost.

General Services Wages (Column 1, Line 8	$245,620
Divided by Total Wages (Column 1, Line 44	$2,619,328
General service wages as percent of total wages	9.3772%
Employee Benefits (Column 10, Line 22	$370,354
Allocation of Employee Benefits to General Services Costs	$34,729
Plus Total General Services (Column 10, Line 8	$931,573
New Total General Services Cost	$966,302

B. General Administration

1 Determine the proportion of General Administration wages to total wages.

2 Multiply the total lump sum fringe amount by this proportion to get the fringes amount for General Administration

3 Add the proportioned fringe amount to your total General Administration expenses

4 Subtract the total lump sum fringe amount from your General Administration expenses to get your new total General Administration Cost

General Administration Wages (Column 1, Line 28	$290,840
Divided by Total Wages (Column 1, Line 45	$2,619,328
General administration wages as a percent of total wages	11.1036%
Employee Benefits (Column 10, Line 22	$370,354
Allocation of Emplayee Benefits to General Admin. Cost	$41,123
Plus Total General Administration (Column 10, Line 2	$906,169
Minus Total Fringe (Column 10, Line 2:	$370,354
New Total General Administration Cos	$576,938

STEP Adjust Support Service Costs for Inflation

To calculate the impact of inflation, different inflation fators are used for the General Service and General Administration costs of your cost report. These inflation factors are listed in Table I, Inflation Multipliers. To select the appropriate inflation factors, you need to calculate your base number using the formula outlined below. Once you have calculated your base number, find it in Table I. Select the inflation factors which correspond with your base number and use these in updating your support cost.

A. Base Number Calculation

Convert the beginning and ending dates of your cost reporting period (page 1, Schedule II of your cost report) into numbers and apply the following formula:

Beginning Month + Ending Month	13	divided by 2 =	6.5
Beginning Day + Ending Day	32	divided by 60.8 =	0.526315789
Beginning Year + Ending Year =	206	multiplied by 6 =	1236
Sum of the three lines			1243.026316
Subtract from the sum			907.00
Base Number (expressed as a whole number, fraction dropped)			336

B. Select the Appropriate Inflation Multipliers

Refer to Table I, inflation Multipliers, and find the multipliers which correspond with the base number you have calculated.

General Services Multiplier	1
General Administration Multiplie	1

C. Apply Inflation Multipliers to Update Cos

1 Multiply New Total General Services Cost (from Step I-A) by the appropriate multiplier from Table

New Total General Service Cost (Step I-A)	$966,302	
General Services Multiplier (Step II-B	1	
Updated General Services Cost		$966,302

2 Multiply New Total General Administration Cos (from Step I-B)by the appropriate multiplier from Table

New Total General Service Cost (Step I-B	$576,938	
General Administration Multiplier (Step II-E	1	
Updated General Services Cost		$576,938
3 Total Updated Support Costs (1 + 2		$1,543,240

STEP I Convert Total Updated Support Costs (C-3) to Per Diem Cos

Use one of the two procedures below to compute per diem costs.

CALCULATED PER DIEM SUPPORT CO $34.78

A. If the occupancy (Cost Report, Page 2, Schedule III-C) i equal to or above 93 percent, divide your total updated support costs (Step II, C, 3, above) by the total patien days (Cost Report, Page 2, Schedule III-B, Column 5, Line 14

Total Support Costs (Step II, C, 3, above	$1,543,240
Total Patient Days (Cost Report	42,124
Support Costs per Dien	$36.64

OR

B. If the occupancy is below 93 percent, calculate 93 percent of the licensed bed days (Cost Report, Page 2, Schedule III-A Column 4, Line 7). Then subtract the total patien days (Cost Report, Page 2, Schedule III-B, Column 5 Line 14) from the result and calculate one-third of the difference. Then add the one-third difference to the total patient days to obtain your adjusted occupancy. Next divide your total updated Support Costs (Step II, C, 3 above by your adjusted occupancy.

Licensed Bed Days	52,560
Multiplied by	0.93
	48,881
Minus total Patient Day	42,124
	6,757
One-third of difference	2,252
Plus Total Patient Day	42,124
Adjusted Occupancy	44,376
Total Support Costs (Step II, C, 3, above	$1,543,240
Divided by Adjusted Occupany	44376
Support Costs Per Dien	$34.78

STEP I\ Calculate Support Rate

The maximum allowable support reimbursement rate is the 75t percentile for your region. The 35th and 75th percentile rates by HSA are listed in Table II, support Rate Percentiles by HSA Use one of the three procedures below and refer to Table II to calculate your support rate.

A. If your support costs per diem from STEP II is equal to c greater than the 75th percentile for your HSA, then your support rate is the 75th percentile rate listed in Table I

B. If your support costs per diem from Step III is equal to o greater than the 35th percentile, but less than the 75th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	$43.80
Minus Support Costs Per Dier	$34.78
Difference	$9.02
Multiply the Difference by	0.5
One-Half of the Difference	$4.51
Plus Support Costs Per Dier	$34.78
Support Rate if costs are between 35th and 75th percentile	39.29

C. If your support cost per diem from Step III is below the 35th percentile for your HSA, then your support rate is your support costs per diem plus 50 percent of the difference between your support costs per diem and the 75th percentile rate up to a ceiling. This ceiling is equal to 50 percent of the difference between the 35th and 75th percentiles plus $.05. The ceiling for each HSA is listed in Table II. Use the following procedure to calculate your rate

75 Percentile Rate for your HSA	$43.80
Minus Support Costs Per Dier	$34.78
Difference	$9.02
Multiply the Difference by	0.5
One-Half of the Difference	$4.51
Compare one-half the difference to the profit ceiling for your HSA in Table II and	6.07
Enter the Lower of the Two Amounts	$4.510
Plus Support Costs Per Dier	$34.78
Support Rate if support costs less than 35th percentile	$39.29

D. YOUR FINAL TOTAL SUPPORT RATE from A, B, or C abc **$39.29**

75th Percentile is	$43.80
35th Percentile is	$31.76

Table

Inflation Multipliers

Base Number	General Services Multiplie	General Administration Multiplie
261	1.1187	1.1531
262	1.1182	1.1530
263	1.1178	1.1528
264	1.1071	1.1376
265	1.1067	1.1375
266	1.1062	1.1373
267	1.0975	1.1249
268	1.0971	1.1248
269	1.0966	1.1246
270	1.0887	1.1134
271	1.0882	1.1132
272	1.0877	1.1130
273	1.0815	1.1043
274	1.0811	1.1042
275	1.0806	1.1040
276	1.0730	1.0932
277	1.0725	1.0931
278	1.0720	1.0929
279	1.0666	1.0853
280	1.0661	1.0851
281	1.0657	1.0850
282	1.0588	1.0753
283	1.0583	1.0751
284	1.0579	1.0750
285	1.0535	1.0690
286	1.0531	1.0689
287	1.0527	1.0687
288	1.0413	1.0524
289	1.0409	1.0522
290	1.0404	1.0521
291	1.0321	1.0403
292	1.0317	1.0402
293	1.0313	1.0400
294	1.0254	1.0318
295	1.0250	1.0317
296	1.0246	1.0315
297	1.0228	1.0294
298	1.0224	1.0293
299	1.0219	1.0291
300	1.0166	1.0218
301	1.0162	1.0216
302	1.0158	1.0215
303	1.0076	1.0098
304	1.0072	1.0097
305	1.0067	1.0095
306	1.0000	1.0000

Table I

SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	40.08	32.10	4.040
2	37.33	31.77	2.830
3	34.36	29.73	2.365
4	37.33	31.77	2.830
5	32.69	27.53	2.630
6	43.80	31.76	6.070
7	43.80	31.76	6.070
8	43.80	31.76	6.070
9	39.02	30.77	4.175
10	40.08	32.10	4.040
11	35.80	29.99	2.955

Table II (For ICF/DD 16 Facilities)

SupportRate percentiles by HSA

HSA	75th Percentile	35th Percentile	Below 35th Profit Ceiling
1	34.86	27.19	3.885
2	33.30	25.97	3.715
3	32.74	25.54	3.650
4	33.30	25.97	3.715
5	30.46	23.75	3.405
6	40.44	31.54	4.500
7	40.44	31.54	4.500
8	40.44	31.54	4.500
9	37.60	29.32	4.190
10	34.86	27.19	3.885
11	32.73	25.52	3.655

Capital Rate Data
Change print Orientation!

YOU HAVE CHOSEN THE CAPITAL CALC. THAT IS LINKED
TO THE COST REPORT!!!! 11/4/2005 10:35:40 AM
COSTS INCLUDED ON PAGES 12 THRU 12D START AT CELL O6

Facility Name: **The Arbor** ID: **0019471**

HSA No.: ? Own or Rent? (O or R) ______ Own or Rent Beginning: ______

IF RENTED, have facilities been continously rented
from an unrelated party since prior to January 1, 1978 (Y or N): N
or since the first day of operation for buildings
constructed since January 1, 1978?

Cost Report Pd:		Licensed Beds:	144	Total Patient Days	42,124
Begin	**01/01/03**	Licensed Bed Days:	52,560	% Occupied	80.14%
End	**12/31/03**			Capital Days	48,881

1989 Property Tax COST: ______ (Actual dollar amount 1989 taxes)

1991 Property Tax RATE: ______ (Inflated dollar amount divided by 1991 capital days)

FY 1991 Capital Rate: ______ (From form 787)

CAPITAL CALCULATIONS

	Calculation Column
A. Determine the base year for your building from Work Table A	1989
B. Determine the Building Specific historical cost per bed:	
1. Work Table A, Line 24, Column (B)	3573510
2. Total licensed beds from cost report Page 2, Line 7, column 3	144
3. Line 1 divided by Line 2	$24,816
4. Regional construction inflator from Table 2	#N/A
5. Building specific historical Cost ber bed (Line 3 * Line 4, round to even $)	#N/A
C. Obtain the Uniform Building Value from Table 1	#VALUE!
D. The capital rate will be calculated through a blending of the uniform building value from Line C and the building specific historical cost per bed from Line B5	
1. Building specific historical cost from Line B5	#N/A
2. Uniform building value from Line C	#VALUE!
3. Add Lines 1 and 2	#VALUE!
4. Divide by 2 to obtain average	#VALUE!
5. Enter 120% of line C	#VALUE!
6. The blended value is the lesser of Line 4 or Line 5	#VALUE!
E. Divide the blended value from step D by 339 days to obtain a per diem blended value investment	#VALUE!
F. Multiply the per diem blended value from step E by the applicable rate of return to obtain the building rate factor. (The rate of return is 11% for 1979 and later base years and 9.13% for 1978 and older base years.)	#VALUE!
G. Add $2.50 to Line F for equipment, rent, vehicle and working capital.	2.5
H. Add Lines F & G to obtain the preliminary capital rate	#VALUE!
I. Implementation Capital Rate. (This step does not apply if the facility has been constructed or purchased after FY91.)	
1. Enter the FY 91 capital rate	0
2. Subtract the FY 91 property tax rate	0
3. FY 91 rate without tax	0
4. Multiply Line I3 by 115%	x 1.15%
5. Implementation capital rate	0

J. Property Tax
Property taxes are taken from the Long Term Care Property Tax Statement which was submitted to the Department of Public Aid during FY93. Reimbursement for real estate taxes is based upon the actual 1991 taxes for which the nursing homes were assessed. The formula used is a follows:

1. Property Tax Expense (Long Term Care Property Tax Statement, Column D, Total.)	0
2. Divided by: Capital Days (see below)	48,881
3. Equals: Per Diem Cost	$0.00
4. Times: Property Tax Inflator (Table 3)	#N/A
5. Equals: Updated Property Tax Cost	#N/A

Capital Days
The capital days are the higher of the actual census (Page 2, Schedule III-B, Column 5, Line 14) or 93% of licensed bed days (page 2, Schedule III-A, Column 4, Line 7 * .93.)

1. Total Patient Days	42,124
2. Total Licensed Bed Days * .93	48881
3. Capital Days (higher of Line 1 or Line 2)	48,881

K. Total Capital Rate for FY 94

1. Enter the greater of the simplified system rate from Line H or the implementation capital rate from Line I	#VALUE!
2. Add Property Tax from Line J5	#N/A
3. Total capital rate (add Lines 1 & 2)	#VALUE!

WORK TABLE A

		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page		Year Acquired (A) Last 2 digits only	Cost (B)	Columns (A) * (B) (C)	Linked Page
1	1	75	271012	20325900	12	97	0	0	0	12B
2	2	75	187817	14086275	12	98	0	0	0	12B
3	3	75	113922	8544150	12	99	0	0	0	12C
4	4	75	20747	1556025	12	100	0	0	0	12C
5	5	93	2533506	235616058	12	101	0	0	0	12C
6	6	76	7019	533444	12	102	0	0	0	12C
7	7	76	10352	786752	12	103	0	0	0	12C
8	8	76	2620	199120	12	104	0	0	0	12C
9	9	76	243	18468	12	105	0	0	0	12C
10	10	76	608	46208	12	106	0	0	0	12C
11	11	87	5847	508689	12	107	0	0	0	12C
12	12	88	32894	2894672	12	108	0	0	0	12C
13	13	91	32267	2936297	12	109	0	0	0	12C
14	14	93	168024	15626232	12	110	0	0	0	12C
15	15	93	21405	1990665	12	111	0	0	0	12C
16	16	87	12923	1124301	12	112	0	0	0	12C
17	17	88	6270	551760	12	113	0	0	0	12C
18	18	90	21197	1907730	12	114	0	0	0	12C
19	19	91	986	89726	12	115	0	0	0	12C
20	20	92	7503	690276	12	116	0	0	0	12C
21	21	93	12681	1179333	12	117	0	0	0	12C
22	22	94	3100	291400	12	118	0	0	0	12C
23	23	94	11175	1050450	12	119	0	0	0	12C
24	24	95	15605	1482475	12	120	0	0	0	12C
25	25	96	2768	265728	12	121	0	0	0	12C
26	26	96	4972	477312	12	122	0	0	0	12C
27	27	96	3097	297312	12	123	0	0	0	12C
28	28	84	12774	1073016	12	124	0	0	0	12C
29	29	85	7314	621690	12	125	0	0	0	12C
30	30	86	4044	347784	12	126	0	0	0	12C
31	31	86	1379	118594	12	127	0	0	0	12C
32	32	0	0	0	12	128	0	0	0	12C
33	33	0	0	0	12	129	0	0	0	12C
34	34	97	6230	604310	12A	130	0	0	0	12C
35	35	97	4430	429710	12A	131	0	0	0	12D
36	36	97	7271	705287	12A	132	0	0	0	12D
37	37	98	4543	445214	12A	133	0	0	0	12D
38	38	99	1798	178002	12A	134	0	0	0	12D
39	39	100	4801	480100	12A	135	0	0	0	12D
40	40	101	3665	370165	12A	136	0	0	0	12D
41	41	101	2891	291991	12A	137	0	0	0	12D
42	42	102	885	90270	12A	138	0	0	0	12D
43	43	102	925	94350	12A	139	0	0	0	12D
44	44	0	0	0	12A	140	0	0	0	12D
45	45	0	0	0	12A	141	0	0	0	12D
46	46	0	0	0	12A	142	0	0	0	12D
47	47	0	0	0	12A	143	0	0	0	12D
48	48	0	0	0	12A	144	0	0	0	12D
49	49	0	0	0	12A	145	0	0	0	12D
50	50	0	0	0	12A	146	0	0	0	12D
51	51	0	0	0	12A	147	0	0	0	12D
52	52	0	0	0	12A	148	0	0	0	12D
53	53	0	0	0	12A	149	0	0	0	12D
54	54	0	0	0	12A	150	0	0	0	12D
55	55	0	0	0	12A	151	0	0	0	12D
56	56	0	0	0	12A	152	0	0	0	12D
57	57	0	0	0	12A	153	0	0	0	12D
58	58	0	0	0	12A	154	0	0	0	12D
59	59	0	0	0	12A	155	0	0	0	12D
60	60	0	0	0	12A	156	0	0	0	12D
61	61	0	0	0	12A	157	0	0	0	12D
62	62	0	0	0	12A	158	0	0	0	12D
63	63	0	0	0	12A	159	0	0	0	12D
64	64	0	0	0	12A	160	0	0	0	12D
65	65	0	0	0	12A	161	0	0	0	12D
66	66	0	0	0	12A	162	0	0	0	12D
67	67	0	0	0	12B					
68	68	0	0	0	12B					
69	69	0	0	0	12B					
70	70	0	0	0	12B					
71	71	0	0	0	12B					
72	72	0	0	0	12B					
73	73	0	0	0	12B					
74	74	0	0	0	12B					
75	75	0	0	0	12B					
76	76	0	0	0	12B					
77	77	0	0	0	12B					
78	78	0	0	0	12B					
79	79	0	0	0	12B					
80	80	0	0	0	12B					
81	81	0	0	0	12B					
82	82	0	0	0	12B					
83	83	0	0	0	12B					
84	84	0	0	0	12B					
85	85	0	0	0	12B					
86	86	0	0	0	12B					
87	87	0	0	0	12B					
88	88	0	0	0	12B					
89	89	0	0	0	12B					
90	90	0	0	0	12B					
91	91	0	0	0	12B					
92	92	0	0	0	12B					
93	93	0	0	0	12B					
94	94	0	0	0	12B					
95	95	0	0	0	12B					
96	96	0	0	0	12B					

Base year:
Total of Column C/Total of Column B = Base Year

320927241 3573510 89.80728779

Base Year = 1989

TABLE 1 error

Table 1 Uniform building Value

Uniform Building Value

Base year	6, 7, 8 & 9	1, 2, 3, 4, 5, 10 & 11
1970	4114	3766
1971	5348	4896
1972	6583	6026
1973	7817	7155
1974	9051	8285
1975	10285	9415
1976	11519	10545
1977	12754	11675
1978	13988	12804
1979	15222	13934
1980	16456	15064
1981	17691	16194
1982	18925	17324
1983	20159	18453
1984	21393	19583
1985	22628	20713
1986	23862	21843
1987	25096	22973
1988	26330	24102
1989	27564	25232
1990	28799	26362
1991	30033	27492
1992	31267	28622
1993	32501	29751
1994	33736	30881
1995	34970	32011
1996	36204	33141
1997	37438	34271
1998	38673	35400
1999	39907	36530
2000	41141	37660

Use the 1970 values for all years prior to 1970

TABLE 2 #N/A

Construction Inflators by year and HSA
(Note: Use the 1960 Inflators for all years prior to 1960)
(For the FY94 Nursing Facility Rate Calculation Packet)

Year	1, 2 & 10	3, 4 & 5	11	6, 7, 8 & 9
1960	6.26	6.08	6.29	6.54
1961	5.67	5.52	5.66	5.87
1962	5.67	5.52	5.66	5.87
1963	5.67	5.52	5.66	5.87
1964	5.67	5.52	5.66	5.87
1965	5.67	5.52	5.66	5.87
1966	5.36	5.23	5.35	5.55
1967	5.1	4.97	5.08	5.28
1968	4.85	4.71	4.83	5.03
1969	4.61	4.48	4.59	4.79
1970	4.38	4.25	4.36	4.56
1971	4.01	3.89	3.98	4.15
1972	3.64	3.53	3.63	3.78
1973	3.36	3.26	3.36	3.48
1974	3.08	3	3.09	3.19
1975	2.83	2.77	2.8	2.91
1976	2.73	2.65	2.74	2.82
1977	2.57	2.48	2.55	2.68
1978	2.37	2.29	2.38	2.49
1979	2.18	2.12	2.21	2.32
1980	1.96	1.92	2.02	2.08
1981	1.8	1.76	1.86	1.91
1982	1.67	1.63	1.72	1.76
1983	1.54	1.5	1.57	1.65
1984	1.51	1.47	1.55	1.62
1985	1.48	1.45	1.5	1.59
1986	1.46	1.42	1.46	1.55
1987	1.44	1.4	1.43	1.52
1988	1.4	1.36	1.39	1.46
1989	1.35	1.33	1.35	1.41
1990	1.32	1.31	1.33	1.34
1991	1.29	1.29	1.3	1.31
1992	1.26	1.26	1.27	1.26
1993	1.25	1.24	1.25	1.23
1994	1.22	1.22	1.22	1.19
1995	1.2	1.2	1.19	1.17
1996	1.12	1.11	1.13	1.12
1997	1.1	1.09	1.1	1.1
1998	1.08	1.07	1.07	1.07
1999	1.04	1.04	1.04	1.04
2000	1.02	1.02	1.02	1.03
2001	1.00	1.00	1.00	1.00
2002	1.00	1.00	1.00	1.00

TABLE 3

Property Tax Inflator

HSA	Rate
1	1.05723
2	1.0395
3	1.0333
4	1.03302
5	1.03753
6	1.02368
7	1.02054
8	1.02613
9	1.01315
10	1.0815
11	1.03527

TABLE 4

Table 2 column

HSA	Column
1	1
2	1
3	2
4	2
5	2
6	4
7	4
8	4
9	4
10	1
11	3

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	245,620	27,994	9,943	283,557	0	283,557	0	283,557
2. Food Purchase	0	212,458	0	212,458	0	212,458	0	212,458
3. Housekeeping	0	8,409	266,429	274,838	0	274,838	0	274,838
4. Laundry	0	6,529	0	6,529	0	6,529	0	6,529
5. Heat and Other Utilities	0	0	92,533	92,533	0	92,533	0	92,533
6. Maintenance	0	10,206	51,452	61,658	0	61,658	0	61,658
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	245,620	265,596	420,357	931,573	0	931,573	0	931,573
9. Medical Director	0	0	5,400	5,400	0	5,400	0	5,400
10. Nursing & Medical Records	1,940,041	118,780	138,938	2,197,759	0	2,197,759	0	2,197,759
10a. Therapy	0	0	89,536	89,536	0	89,536	0	89,536
11. Activities	102,172	3,480	1,040	106,692	0	106,692	0	106,692
12. Social Services	40,655	0	1,980	42,635	0	42,635	0	42,635
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,082,868	122,260	236,894	2,442,022	0	2,442,022	0	2,442,022
17. Administrative	157,748	0	0	157,748	0	157,748	0	157,748
18. Directors Fees	0	0	30,000	30,000	0	30,000	0	30,000
19. Professional Services	0	0	34,434	34,434	0	34,434	-1,325	33,109
20. Fees, Subscriptions & Promotion	0	0	15,738	15,738	0	15,738	-791	14,947
21. Clerical & General Office	133,092	28,048	24,262	185,402	0	185,402	-1,968	183,434
22. Employee Benefits & Payroll	0	0	370,354	370,354	0	370,354	0	370,354
23. Inservice Training & Education	0	0	2,185	2,185	0	2,185	-650	1,535
24. Travel and Seminar	0	0	0	0	0	0	0	0
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	113,368	113,368	0	113,368	1,674	115,042
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	290,840	28,048	590,341	909,229	0	909,229	-3,060	906,169
29. Total General Administrative	2,619,328	415,904	1,247,592	4,282,824	0	4,282,824	-3,060	4,279,764
30. Depreciation	0	0	16,538	16,538	0	16,538	113,652	130,190
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	20,984	20,984	0	20,984	403,439	424,423
33. Real Estate	0	0	0	0	0	0	63,679	63,679
34. Rent - Facility & Grounds	0	0	735,840	735,840	0	735,840	-735,840	0
35. Rent - Equipment & Vehicles	0	0	7,944	7,944	0	7,944	0	7,944
36. Other (specify):*	0	0	0	0	0	0	24,927	24,927
37. Total Ownership	0	0	781,306	781,306	0	781,306	-130,143	651,163
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	45,330	0	45,330	0	45,330	0	45,330
40. Barber and Beauty Shop	0	0	6,833	6,833	0	6,833	0	6,833
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	78,840	78,840	0	78,840	0	78,840
43. Other (specify):*	0	0	36,332	36,331	0	36,331	-36,332	0
44. Total Special Cost Ce	0	45,330	122,004	167,334	0	167,334	-36,331	131,003
45. Grand Total	2,619,328	461,234	2,150,902	5,231,464	0	5,231,464	-169,534	5,061,930

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	100,524	179,493
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	848,669	848,669
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	72,369	72,369
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	397,293
10. Total current assets	1,021,563	1,497,824
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	20,005
14. Buildings, at Historical Cost	0	3,039,771
15. Leasehold Improvements, Historical Cost	124,801	533,739
16. Equipment, at Historical Cost	344,441	678,165
17. Accumulated Depreciation (book methods)	-345,935	-1,946,250
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	188,209
23. other (specify):	0	1,272
24. Total Long-Term Assets	123,307	2,514,911
25. Total Assets	1,144,870	4,012,735
CURRENT LIABILITIES		
26. Accounts Payable	157,178	157,178
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	15,000	15,000
29. Short-Term Notes Payable	400,000	400,000
30. Accrued Salaries Payable	132,841	132,841
31. Accrued Taxes Payable	670	670
32. Accrued Real Estate Taxes	0	60,700
33. Accrued Interest Payable	11,579	45,579
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	135,840	135,840
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	623,108	717,808
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	4,976,500
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	230,000	5,206,500
46.Total Liabilities	853,108	5,924,308
47.Total Equity	291,763	-1,911,573
48.Total Liabilities and Equity	1,144,871	4,012,735

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	4,879,923
2. Discounts and Allowances for all Levels	-184,178
Subtotal - Inpatient Care	4,695,745
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	158,513
7. Oxygen	0
Subtotal - Anciliary Revenue	158,513
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	7,358
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	42,831
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	127,388
22. Laundry	0
Subtotal - Other Operating Revenue	177,577
24. Contributions	0
25. Interest and Other Investments Income	31
Subtotal - Non-Operating Revenue	31
27. Other Revenue (specify):	7,252
28. Other Revenue (specify):	6,126
Subtotal - Other Revenue	13,378
30. Total Revenue	5,045,244
31. General Services	931,573
32. Health Care	2,442,022
33. General Administration	902,936
34. Ownership	781,306
35. Special Cost Centers	94,788
35. Provider Participation Fee	78,840
37. Other	0
40. Total Expenses	5,231,465
41. Income Before Income Taxes	-186,221
42. Income Taxes	0
43. Net Income or Loss for the Year	-186,221

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23	Provider Participation fee is linked from page 4